



March 23, 2020

The Honorable Alex Azar  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Azar and Administrator Verma:

The undersigned coalition of stakeholders hereby request the Centers for Medicare and Medicaid Services to recognize the value that respiratory therapists bring to the health care system and their patients by eliminating barriers that prevent these highly trained health care professionals from working at their fullest capacity during the national public health emergency to combat the deadly Coronavirus, COVID-19.

Respiratory therapists are licensed and nationally credentialed medical professionals who are trained and educated in all aspects of pulmonary medicine and who specialize in providing pulmonary diagnostics and care. They are experts in treating patients who suffer from respiratory conditions like Chronic Obstructive Pulmonary Disease (COPD), asthma, pneumonia, lung trauma and other respiratory-related diagnoses such as the widespread outbreak of COVID-19.

Recent actions by the Administration in declaring a national public health emergency related to COVID-19 empower the Centers for Medicare and Medicaid to take proactive measures through section 1135 waivers to aggressively expand efforts to combat this deadly virus, but we do not think measures taken to date have gone far enough to protect patients.

Patients with chronic lung diseases represent the third leading cause of hospital admissions without the pandemic. Given the COVID-19 pandemic and its anticipated stress on our healthcare system, especially with regard to physician office visits and hospital utilization, the undersigned organizations propose the following temporary regulatory changes to help husband our healthcare resources during the time the national emergency is in effect.

1. Relax the current supervisory requirement under Medicare's Part B "incident to" benefit to permit licensed Registered Respiratory Therapists (RRT) with health-related bachelors' degrees to work as employees of physician practices under general supervision to provide more access for patients with chronic lung diseases. This action can increase the capacity to better manage the patient's disease and avoid exacerbations which often lead to hospital admissions. This change will also allow respiratory therapists to make home visits, as deemed medically necessary by the physician or other qualified non-physician practitioner, to obviate and/or improve faster resolution of exacerbations-and to avoid physician office visits or hospital admissions while assuring compliance with physician orders without the need to have the physician employer accompany them. Moreover, this temporary waiver will make it simpler for physicians to employ respiratory therapists during the pandemic given their use of other non-physician providers under Part B.
2. Waive restrictions on respiratory therapists to permit them to make home visits under the Home Health Benefit to individuals in need of respiratory-related clinical interventions and to reduce the already overburdened stress on the nursing community.
3. Include respiratory therapists as qualified telehealth practitioners to provide disease management services to individuals with chronic lung diseases to keep them out of hospitals and emergency departments in order to reduce the potential risk of COVID-19 infection. Although recent announcements by the Administration now include the individual's home as a telehealth site, only physicians and non-physician practitioners currently listed in the statute are permitted to provide telehealth services. COVID-19 is a deadly respiratory disease and a temporary waiver to include the expertise of respiratory therapists via telehealth can improve mitigation efforts during this national emergency. Waivers that include lifting barriers to allow qualified respiratory therapists to work under general supervision, to go into a patient's home to assess and manage respiratory-related conditions, and to furnish disease management services via telehealth can enable them to keep at-risk individuals out of hospitals and lessen exposure to those with COVID-19. We ask that CMS give serious consideration to these recommendations.

Respectfully,

Alpha-1 Foundation

American Association for Respiratory Care

American Lung Association

COPD Foundation

Dorney-Koppel Foundation

Respiratory Health Association

US COPD Coalition